Image# 14978386947 PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | | | | | | | | Office Use | e Only | |
|-----------------|---|----------------------------------|------------|----------------------|----------------------|-------------------------------|----------------------|-----------|------------|------------|-------------------------|---|
| 1. | NAME OF COMMITTEE (in | | PE OR P | RINT ▼ | | mple: If typi r the lines. | ng, type | 12FE | 4M5 | | | |
| C | itizens 4 Ethic | s in Gove | rnmen | it | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ADI | DRESS (number and | | 117 Hills | boro Pike | | | | | | | | |
| _ | Chapte if diffe | | Suite 300 | -315 | | | | | | | | |
| L | Check if differ than previous reported. (AC | sly | Nashville | | | | | TN | L | 37215 | | |
| 2. | FEC IDENTIFICA | ATION NUME | BER ▼ | | CITY 🛦 | | | STATE A | \ | 2 | ZIP COI | DE 🛦 |
| | C C00524082 | 2 | | : | 3. IS THIS REPORT | \ \ \ | NEW (N) OR | | AME (A) | NDED | | |
| 4. | TYPE OF REP (Choose One) | ORT | (b) Mont | ort | Feb 20 (M2) | | May 20 (M5) | | Aug 20 | O (M8) | | Nov 20 (M11) (Non-Election Year Only) |
| | (a) Quarterly Rep | orts: | Due | On: | Mar 20 (M3) | | Jun 20 (M6) | | Sep 20 | O (M9) | | Dec 20 (M12) (Non-Election Year Only) |
| | April 15 | Danast (O1) | | Ш | Apr 20 (M4) | Ш | Jul 20 (M7) | _ Ц | Oct 20 | (M10) | Щ | Jan 31 (YE) |
| | July 15 | Report (Q1) Report (Q2) | (c) | 12-Day PRE-Election | n 🔲 | Primary (12I | P) | Gei | neral (1 | 2G) | | Runoff (12R) |
| | October | 15 | | Report for the | ne: | Convention | (12C) | Spe | ecial (12 | 2S) | | |
| | January | Report (Q3) 31 Report (YE) | | E | lection on | M = M / | D D / | Y Y | YYY | | in the State of | |
| | July 31 M | Mid-Year Non-election | (d) | 30-Day POST-Electi | | General (30 | G) | Rur | noff (30 | R) | | Special (30S) |
| | Terminati (TER) | on Report | | Report for the | ne: lection on | M = M / | D = D / | Y Y Y | Y | | in the State of | |
| 5. | Covering Period | M M M 07 | 19 | | 014 | through | M M | / D 30 | D / | 201 | | |
| l ce | ertify that I have ex | amined this F | eport ar | nd to the be | st of my kno | wledge and | belief it is tru | ue, corre | ct and | complete | Э. | |
| Тур | e or Print Name of | Treasurer I | Michael L | eisey | | | | | | | | |
| Sigi | nature of Treasurer | . Michael L | eisey | | | [Electronicali | y Filed] [| Date | M M M | / D 15 | D / | 2014 |
| NO ⁻ | TE: Submission of fa | alse, erroneous | s, or inco | mplete inforr | mation may su | bject the per | son signing t | his Repor | rt to the | penaltie | s of 2 L | J.S.C. §437g. |
| | Office Use | | | | | | | | | | FOR ev. 12/20 | M 3X |
| | _ Only | | | | | | | 1 | | 110 | .v. 1 <i>⊆1⊆</i> (| , |

| FEC Form 3X (Rev. 02/2003) | SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|---|---|-----------------------------------|
| Write or Type Committee Name | | |
| Citizens 4 Ethics in Government | | |
| Report Covering the Period: From: | 07 | 09 30 / 2014 |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2014 | | 561.98 |
| (b) Cash on Hand at Beginning of Reporting Period | 244061.98 | |
| (c) Total Receipts (from Line 19) | 450000.00 | 705000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 694061.98 | 705561.98 |
| 7. Total Disbursements (from Line 31) | 693955.69 | 705455.69 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 106.29 | 106.29 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 147000.00 | |
| This committee has qualified as a mult | icandidate committee. (see FEC FORM 1M) | |
| | For further information contact: | |
| | Federal Election Commission 999 E Street, NW | |

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Citizens 4 Ethics in Government

| outions (other than loans) From: dividuals/Persons Other nan Political Committees Itemized (use Schedule A) | 360000.00 | 545000.00 |
|---|----------------------------|--|
| nan Political Committees Itemized (use Schedule A) | 360000.00 | 545000.00 |
| Itemized (use Schedule A) | 360000.00 | 545000.00 |
| | 300000.00 | 0 10000.00 |
| Linitamizad | | |
| I Ullitellizeu | 0.00 | 0.00 |
|) TOTAL (add | | |
| Lines 11(a)(i) and (ii)▶ | 360000.00 | 545000.00 |
| blitical Party Committees | 0.00 | 0.00 |
| | | |
| | 0.00 | 0.00 |
| | | |
| | | |
| | 360000.00 | 545000.00 |
| ers From Affiliated/Other | | |
| Committees | 0.00 | 0.00 |
| ans Received | 90000.00 | 160000.00 |
| | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | | |
| · · | 0.00 | 0.00 |
| | | |
| | | |
| al Committees | 0.00 | 0.00 |
| Federal Receipts | | |
| nds, Interest, etc.) | 0.00 | 0.00 |
| | | |
| | | |
| om Schedule H3) | 0.00 | 0.00 |
| vin Funds (from Schedule H5) | 0.00 | 0.00 |
| mi i unas (nom conoccio rio) | | |
| al Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| | colitical Party Committees | ther Political Committees uch as PACs) |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | sbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---|----------------------------|-----------------------------------|
| 21. Operating Expe (a) Allocated F Activity (fro | enditures: —— Federal/Non-Federal om Schedule H4) | | |
| | al Share | 0.00 | 0.00 |
| (ii) Non-F | ederal Share | 0.00 | 0.00 |
| ` ' | eral Operating | | |
| | esating Expenditures | 15840.00 | 27340.00 |
| | (i), (a)(ii), and (b))▶ | 15840.00 | 27340.00 |
| 22. Transfers to Aff | * | | 200 |
| Contributions to | | 0.00 | 0.00 |
| Federal Candid and Other Polit | ates/Committees ical Committees | 0.00 | 0.00 |
| 4. Independent Ex | · · | 665115.69 | 665115.69 |
| 25. Coordinated Pa | E) urty Expenditures | 000110.00 | 000110.09 |
| (2 U.S.C. §441 (use Schedule | a(d)) F) | 0.00 | 0.00 |
| P6. Loan Benavme | nts Made | 13000.00 | 13000.00 |
| Loan Hopaymo | | | |
| 27. Loans Made 28. Refunds of Cor | ntributions To: | 0.00 | 0.00 |
| (a) Individuals | Persons Other cal Committees | 0.00 | 0.00 |
| | | | 0.00 |
| | arty Committees | 0.00 | 0.00 |
| () | ACs) | 0.00 | 0.00 |
| (d) Total Contr | ibution Refunds | | |
| ` ' | 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| O Other Dieburge | m anta | 0.00 | 0.00 |
| 29. Other Disburse | ments | 0.00 | 0.00 |
| | n Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated F | Federal Election Activity | | |
| | Share | 0.00 | 0.00 |
| /;;\ !!! a.::-!! | Sharo | 0.00 | 0.00 |
| | Share ection Activity Paid Entirely | 0.00 | |
| With F | Federal Funds | 0.00 | 0.00 |
| , , | ral Election Activity (add a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| | _ | | |
| | nents (add Lines 21(c), 22, | 000055 00 | 705 (55 00 |
| 23, 24, 23, 26, | 27, 28(d), 29 and 30(c)) | 693955.69 | 705455.69 |
| 32. Total Federal D | | | |
| | 21(a)(ii) and Line 30(a)(ii) | 693955.69 | 705455.69 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5**

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 360000.00 | 545000.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 360000.00 | 545000.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 15840.00 | 27340.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 15840.00 | 27340.00 |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF

| ITEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | |
|--|--|--|
| Any information copied from such Reports and S | Statements may not be sold or used by a | any person for the purpose of soliciting contributions |
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government | • | mittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mrs. William H. Clark Mailing Address 3716 Maplewood Ave. City Dallas FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) | State Zip Code TX 75205 C Occupation Retired Aggregate Year-to-Date ▼ | Date of Receipt O7 25 2014 Transaction ID : SA11AI.4244 Amount of Each Receipt this Period Receipt |
| Full Name (Last, First, Middle Initial) Kent Davis Mailing Address 505 Skyhawk Place City Franklin FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) | State Zip Code TN 37064 C Occupation Retired Aggregate Year-to-Date ▼ | Date of Receipt O7 25 2014 Transaction ID : SA11AI.4246 Amount of Each Receipt this Period Reciept |
| Full Name (Last, First, Middle Initial) C. James Edwards Mailing Address 801 South Garner St City State College FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) | State Zip Code PA 16801 C Occupation Physician Aggregate Year-to-Date ▼ 2500.0 | Date of Receipt 08 |
| SUBTOTAL of Receipts This Page (optional) | | 12500.00 |
| TOTAL This Period (last page this line number | only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 21

| <i>,</i> , | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a 11b 13 14 | 11c 15 | 12 16 | 17 |
|------------|---|-----------------------------------|--------|----------|----|
| | | | | | |

| | d Statements may not be sold or used by any per the name and address of any political committee | |
|--|---|--|
| NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Governm | ent | |
| Full Name (Last, First, Middle Initial) A. Cecile Gideon Mailing Address 624 Westview Ave | | Date of Receipt |
| | | 08 06 2014 |
| City | State Zip Code | Transaction ID : SA11AI.4293 |
| Nashville | TN 37205 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 12500.00 |
| Name of Employer | Occupation | Receipt |
| Retired | Retired | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 12500.00 | |
| Full Name (Last, First, Middle Initial) Mr. James M. Gilmore Mailing Address 1551 Jennings Mill Rd | | Date of Receipt |
| 011 | 7. 2. | 08 06 2014 |
| City | State Zip Code GA 30622 | Transaction ID : SA11AI.4279 |
| Bogart | GA 30622 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 5000.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Middle Initial) C. Robert L. Mercer | <u>'</u> | Date of Receipt |
| Mailing Address 600 Route 25A | | 08 02 7 2014 |
| City East Setauket | State Zip Code NY 11733 | Transaction ID : SA11AI.4271 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300000.00 |
| Name of Employer | Occupation | Receipt |
| Renaissance Technologies | CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | - |
| Primary General Other (specify) ▼ | 300000.00 | |
| SUBTOTAL of Receipts This Page (optional |) > | 317500.00 |
| | | |
| TOTAL This Period (last page this line numb | per only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government Full Name (Last, First, Middle Initial) Andrew W. Miller Jr. Date of Receipt Mailing Address 30 Burton Hills Blvd. Suite 325 07 2014 24 City State Zip Code Transaction ID: SA11AI.4247 TN Nashville 37215 Amount of Each Receipt this Period FEC ID number of contributing C 20000.00 federal political committee. Receipt Name of Employer Occupation CEO Healthmark Ventures Receipt For: Aggregate Year-to-Date ▼ Primary General 140000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin C Powers Date of Receipt Mailing Address 830 N. Wymore Rd 80 06 2014 City State Zip Code Transaction ID: SA11AI.4286 Maitland FL 32751 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Receipt Name of Employer Occupation Home Care Solutions CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30000.00 SUBTOTAL of Receipts This Page (optional)..... 360000.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | FOR LINE NUMBER: | PAGE | 9 OF | 21 |
|--|------------------|------|------|----|
| Use separate schedule(s) | (check only one) | | | |
| for each category of the Detailed Summary Page | 11a 11b | 11c | 12 | |
| | X 13 14 | 15 | 16 | 17 |

| | Statements may not be sold or used by any perse name and address of any political committee to | |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | and address of any political committee to | 5 SONOR COTHENDUCOTIS HOTH SUCH COMMITTEE |
| Citizens 4 Ethics in Governmen | nt | |
| Full Name (Last, First, Middle Initial) Andrew W. Miller Jr. | | Date of Receipt |
| Mailing Address 30 Burton Hills Blvd. | | M M / D D / Y Y Y Y Y |
| Suite 325 | State Zip Code | 08 06 2014 Transportion ID : \$A12 4282 |
| Nashville | TN 37215 | Transaction ID : SA13.4283 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20000.00 |
| Name of Employer | Occupation | Loan to PAC |
| Healthmark Ventures | CEO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 160000.00 | |
| Full Name (Last, First, Middle Initial) Andrew W. Miller Jr. Mailing Address 30 Burton Hills Blvd. | | Date of Receipt |
| Suite 325 | | 08 06 2014 |
| City | State Zip Code | Transaction ID : SA13.4291 |
| Nashville | TN 37215 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70000.00 |
| Name of Employer Healthmark Ventures | Occupation CEO | Loan to PAC |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 230000.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 7 1.1 2.3.1 1.555pt 1115 1 51160 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | | 90000.00 |
| TOTAL This Period (last page this line number | only) | 90000.00 |

| EMIZED DISBURSEMENTS | | | FOR LINE NUMBER: PAGE 10 OF 21 | | | | |
|--|-----------------------|--|--------------------------------|--|--|--|--|
| 3_ 3 | | parate schedule(s) | (check only | | | | |
| | | n category of the discussions of | X 21b | 22 23 24 25 2 | | | |
| | | | 27 | 28a 28b 28c 29 3 | | | |
| ny information copied from such Reports and State | ments may | not be sold or us | sed by any perso | on for the purpose of soliciting contributions | | | |
| r for commercial purposes, other than using the na | ine and add | uress of any politi | cal committee to | solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| Citizens 4 Ethics in Government | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| Durham Jeremy | | | | Date of Disbursement | | | |
| Mailing Address 802 Founders Pointe Blve | | 07 25 2014 | | | | | |
| City | | Transaction ID - CD24D 4249 | | | | | |
| Franklin | TN | 37064 | | Transaction ID: SB21B.4248 | | | |
| Purpose of Disbursement Legal Fees | | | · · · · | Amount of Each Disbursement this Period | | | |
| Candidate Name | | | Category/ | | | | |
| Office Country | | | Type | 600.00 | | | |
| Office Sought: House Disburse Senate | ement For: | 2014 General | | | | | |
| President | Primary Other (spe | | | | | | |
| State: District: | Julier (spe | ∀ | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| Right Way Marketing | | | | Date of Disbursement | | | |
| Mailing Address 0540L L | | M = M / D = D / Y = Y = Y | | | | | |
| Mailing Address 354 Shadowtown Rd. Suite 205 | | | 08 06 2014 | | | | |
| City | State TN | Zip Code | | Transaction ID : SB21B.4292 | | | |
| Blountville Purpose of Disbursement | | 37617 | | | | | |
| Polling | | | | Amount of Each Disbursement this Period | | | |
| Candidate Name | | | Category/ | | | | |
| | | | Type | 12000.00 | | | |
| | ement For: | 2014 | | | | | |
| | Primary | General | | | | | |
| President | Other (spe | ecify) ▼ | | | | | |
| State: District: | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | 5 | | | |
| Right Way Marketing | | | | Date of Disbursement | | | |
| Mailing Address 354 Shadowtown Rd. | | | | 08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Suite 205 | | | | 00 07 2014 | | | |
| City | State | Zip Code | | Transaction ID CD04D 4000 | | | |
| Blountville | TN | 37617 | | Transaction ID: SB21B.4290 | | | |
| | | | | | | | |
| Purpose of Disbursement | Polling | | | | | | |
| Purpose of Disbursement Polling | | Candidate Name | | | | | |
| Purpose of Disbursement Polling Candidate Name | | | Category/ | 3000 00 | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government | | | Category/ Type | 3000.00 | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government Office Sought: House Disburse | ement For: | | | 3000.00 | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government Office Sought: House Senate Disburse | Primary | General | | 3000.00 | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government Office Sought: House Senate President Disburse | 7 | General | | 3000.00 | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government Office Sought: House Senate Disburse | Primary | General | | 3000.00 | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government Office Sought: House Disburse Senate President State: District: | Primary Other (spe | General ecify) ▼ | Type | | | | |
| Purpose of Disbursement Polling Candidate Name Citizens 4 Ethics in Government Office Sought: House Senate President Disburse | Primary Other (spe | General ecify) ▼ | Type | 15600.00 | | | |

| 11 | FOR LINE | FOR LINE NUMBER: PAGE 11 OF 21 | | | | |
|--|---|--|--|--|--|--|
| | I ' — ' | | 04 | | | |
| Detailed Summary Page | 21b 27 | 22 23 28b 28b | 24 25 X 26 28c 29 30 | | | |
| | | | | | | |
| ne and address of any polition | cal committee to | solicit contributions from | n such committee. | | | |
| | | | | | | |
| | | | | | | |
| | | Date of Disbursemen | t | | | |
| | | M M M / D D | / | | | |
| | | 08 06 | 2014 | | | |
| Suite 325 City State Zip Code Nashville TN 37215 | | | | | | |
| TN 37215 | | Transaction ib . 35 | 20.4209 | | | |
| | | Amount of Each Disk | oursement this Period | | | |
| | Category/ | | 13000.00 | | | |
| nent For: 2014 | Турс | | , | | | |
| , , | | | | | | |
| Other (specify) ▼ | | | | | | |
| | | | | | | |
| | | Date of Disbursemen | t | | | |
| Ma Tana Addison | | | | | | |
| Mailing Address | | | | | | |
| State Zip Code | | | | | | |
| Purpose of Disbursement | | | | | | |
| Candidate Name | | | | | | |
| Candidate Name | | | | | | |
| nent For: | | | | | | |
| • | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| State Zip Code | | | | | | |
| City State Zip Code Purpose of Disbursement | | | | | | |
| | | | | | | |
| | Category/ | Amount of Each Disk | oursement this Period | | | |
| | Type | | 7 | | | |
| | | | | | | |
| · | | | | | | |
| ₹1 · · · • 7 / · ♥ | | | | | | |
| | | | 42000.00 | | | |
| | ·····• | | 13000.00 | | | |
| | | | 13000.00 | | | |
| | State Zip Code TN 37215 The nent For: 2014 Primary General Other (specify) The nent For: Primary General Other (specify) The nent For: Primary General Other (specify) The nent For: The nent | Use separate schedule(s) for each category of the Detailed Summary Page Interest may not be sold or used by any persone and address of any political committee to see any p | Use separate schedule(s) for each category of the Detailed Summary Page 21b 22 23 28a 28b 28b | | | |

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 21 FOR LINE 13 OF FORM 3X

| | | Botanoa Garrinary 1 c | .90 |
|---|--------------------------------|-------------------------------|--|
| AME OF COMMITTEE (In Full) | | Tr | ansaction ID : SC/10.4283 |
| Citizens 4 Ethics in Governm | ent | | |
| LOAN SOURCE Full Name (Last, F | irst, Middle Initial) | | Election: |
| Andrew W. Miller Jr. | , | | Primary |
| | | | General |
| Mailing Address 30 Burton Hills Blvd. | | | Other (specify) |
| Suite 325 | Otata 715 |) O-1- | |
| City Nashville | | Code 37215 | Land Control of This Device |
| Original Amount of Loan | Cumulative Paymer | IT TO DATE | alance Outstanding at Close of This Period |
| 20000. | 00 | 13000.00 | 7000.00 |
| TERMS | Data | Dec Interest D | Conwedi |
| Date Incurred | Date I | | |
| 08 06 2014 | | 01/01/2022 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if | any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Ini | tial) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City | State ZIP Code | Amount Guaranteed | |
| City | Jidle Zii Oodo | Outstanding: | , |
| 2. Full Name (Last, First, Middle Initi | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initi | al) | Name of Employer | |
| Mailisa Addus co | | Coouration | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed | |
| | | Outstanding: | , |
| 4. Full Name (Last, First, Middle Initi | al) | Name of Employer | |
| Mailing Address | | Occupation | |
| 3 | | | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | |
| | | Outstailuing. | |
| | | | |
| JBTOTALS This Period This Page (or | ntional) | | 7000.00 |
| DISTALE THIS FERIOU THIS FAGE (U | | | |
| OTALS This Period (last page in this | line only) | > | |
| | | | |
| arry outstanding balance only to LINI | E 3, Schedule D, for this line | e. If no Schedule D, carry fo | orward to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 21

FOR LINE 13 OF FORM 3X

| | | Botanou Gurimary | ago |
|--|------------------------------|---------------------------|---|
| AME OF COMMITTEE (In Full) | | т | ransaction ID : SC/10.4291 |
| Citizens 4 Ethics in Governmer | ıt | | |
| LOAN SOURCE Full Name (Last, Firs | t, Middle Initial) | | Election: |
| Andrew W. Miller Jr. | | | Primary |
| | | | General |
| Mailing Address 30 Burton Hills Blvd. | | | Other (specify) |
| Suite 325 City Nashville | State TN ZIP | Code 37215 | |
| Original Amount of Loan | Cumulative Payment | | Balance Outstanding at Close of This Period |
| Original Amount of Loan | Cumulative Fayment | TO Date | raiance Outstanding at Olose of This Fenou |
| 70000.00 | | 0.00 | 70000.00 |
| TERMS | | | |
| Date Incurred | Date D | | |
| 08 06 2014 | | 01/01/2020 | 0.00 % (apr) Yes ∑ No |
| List All Endorsers or Guarantors (if a | • • | | |
| 1. Full Name (Last, First, Middle Initial |) | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City Sta | te ZIP Code | Amount Guaranteed | |
| City | te Zii Oode | Outstanding: | 7 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| maining / taarooc | | Cooupation | |
| | | Amount | |
| City Sta | te ZIP Code | Guaranteed Outstanding: | . , , |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| A CE | | | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | te ZIP Code | Guaranteed | |
| | | Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City Sta | te ZIP Code | Guaranteed Outstanding: | 7 |
| | | - atotaliang. | |
| | | _ | |
| SUBTOTALS This Period This Page (option | onal) | | 70000.00 |
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| OTALS This Period (last page in this line | only) | > | |
| | | · · · · · · · | |
| Carry outstanding balance only to LINE 3 | , Schedule D, for this line. | It no Schedule D, carry 1 | orward to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 21
FOR LINE 13 OF FORM 3X

| | | Detailed Summary Fage |
|--|-------------------|---|
| AME OF COMMITTEE (In Full) | | Transaction ID: SC/10.4239 |
| Citizens 4 Ethics in Government | | |
| LOAN SOURCE Full Name (Last, First, Middle | Initial) | Election: |
| Tracy Miller | , | Primary |
| · | | General |
| Mailing Address 1209 Devens Dr | | Other (specify) |
| 1209 Devens Dr | | |
| | | ZIP Code 37027 |
| Original Amount of Loan C | umulative Paym | ment To Date Balance Outstanding at Close of This Per |
| 70000.00 | | 0.00 70000.00 |
| TERMS | 5. | |
| Date Incurred | | te Due Interest Rate Secured: |
| 07 15 2014 | M / D D | 01/01/2025 0.00 % (apr) Yes |
| List All Endorsers or Guarantors (if any) to Lo | oan Source | |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | |
| | | Amount |
| City State 2 | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State 2 | ZIP Code | Guaranteed |
| Only State 2 | -11 0000 | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| Walling Address | | Cocupation |
| | | Amount |
| City State 2 | ZIP Code | Guaranteed |
| | | Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | |
| | | Amount |
| City State Z | ZIP Code | Guaranteed Outstanding: |
| | | |
| SUBTOTALS This Period This Page (optional) | | |
| OTALS This Period (last page in this line only) | | 147000.00 |
| Carry outstanding balance only to LINE 2. Cabada | ulo D. for this | line If no Schodule D. come forward to appropriate line of Commen |
| Jamy outstanding balance only to LINE 3, Schedt | ום ש, וטר נוווא ו | line. If no Schedule D, carry forward to appropriate line of Summar |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| PAGE | | OF | 21 | |
|-------|-----|-------|------|----|
| FOR I | INE | 24 OF | FORM | ЗХ |

| | FOR LINE 24 OF FORM 3X |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Citizens 4 Ethics in Government | C C00524082 |
| Check if 24-hour report 48-hour report New report Amends re | eport filed on Mam / Dab / Yayayay |
| Full Name of Payee Gill Media | Date of Public Distribution/Dissemination |
| Mailing Address | 07 / 24 / Y Y Y Y Y |
| 1616 Westgate Circle | Amount |
| City State Zip Code | 20000.00 |
| Brentwood TN 37027 | Transaction ID : SE.4231 Date of Disbursement or Obligation |
| Purpose of Expenditure Media Expense Category/ Type | 07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support | t Office Sought: House District: 00 |
| JOE S CARR Oppose | President X Senate State: TN |
| Calendar Year-To-Date Per Election for Office Sought 259920.00 | Disbursement For: Primary General 2014 |
| | Other (specify) |
| Full Name of Payee Gill Media | Date of Public Distribution/Dissemination 07 24 2014 |
| Mailing Address 1616 Westgate Circle | Amount |
| City State Zip Code | 15000.00 |
| Brentwood TN 37027 | Transaction ID : SE.4233 Date of Disbursement or Obligation |
| Purpose of Expenditure Media Expenses Category/ Type | 07 24 2014 |
| Name of Federal Candidate Support | t Office Sought: House District: 00 |
| SCOTT EUGENE DESJARLAIS Oppose | President X Senate State: TN |
| Calendar Year-To-Date Per Election for Office Sought 274920.00 | Disbursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 35000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | ······ > |
| Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent. | |
| Michael Leisey [Electronically Filed] | Date 10 15 2014 |
| Signature | |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| TEMIZED INDEPENDENT EXPENDITURES | | FOR LINE 24 OF FORM 3X |
|---|---------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Citizens 4 Ethics in Government | C C00524082 | |
| | | 0 |
| Check if 24-hour report 48-hour report Ne | ew report Amends report f | filed on / _D = D / Y = Y = Y |
| Full Name of Payee Gill Media | | Date of Public Distribution/Dissemination |
| | | 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1616 Westgate Circle | | Amount |
| City State | Zip Code | 14700.00 |
| Brentwood TN | 37027 | Transaction ID : SE.4269 Date of Disbursement or Obligation |
| Purpose of Expenditure Media-Radio | Category/ Type | Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support O | Office Sought: House District: |
| SCOTT EUGENE DESJARLAIS | Oppose | President Senate State: TN |
| Calendar Year-To-Date | | Disbursement For: Primary General |
| Per Election for Office Sought | 591015.09 | Other (specify) |
| Full Name of Payee Jamestown Associates | | Date of Public Distribution/Dissemination |
| Jamestown Associates | | 07 24 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5 Mapleton Rd | | Amount |
| City State | Zip Code | 100000.00 |
| Princeton NJ | 08540 | Transaction ID : SE.4219 Date of Disbursement or Obligation |
| Purpose of Expenditure | Category/ | M M / D D / Y Y Y Y |
| Media Expense | Type | 07 24 2014 |
| Name of Federal Candidate | Support O | Office Sought: House District: 00 |
| LAMAR ALEXANDER | Oppose | President Senate State: TN |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: X Primary General |
| Tor Election for Clinice Googni | | Other (specify) - |
| (a) SUPTOTAL of Hamizad Independent Evpenditures | | 114700 00 |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 114700.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| | | |
| (c) TOTAL Independent Expenditures | • | 4 4 |
| | | |
| Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent. | • | • |
| Michael Leisey | [lectronically Filed] | M M / D D / Y Y Y Y |
| Signature | Date | 10 15 2014 |

party committee) any political party committee or its agent.

SCHEDULE E **ITEMIZED INDEP**

| IZED INDEPENDENT EXPENDITU | JRES | | | PAGE 17 OF 21 FOR LINE 24 OF FORM 3X |
|--|-------------|-------------------|---------------|--|
| OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| zens 4 Ethics in Government | | | | C C00524082 |
| s if 24-hour report 48-hour repo | rt New re | port Amends rep | ort filed | on M M / D D / Y Y Y Y |
| ull Name of Payee Jamestown Associates | | | | Date of Public Distribution/Dissemination |
| lailing Address 5 Mapleton Rd | | | | 07 24 2014 Amount |
| | | | | |
| rinceton | State NJ | Zip Code 08540 | | Transaction ID : SE.4227 Date of Disbursement or Obligation |
| urpose of Expenditure Media Expense | | Category/ Type | | 07 24 2014 |
| ame of Federal Candidate | | Support | Office | e Sought: House District: 00 |
| AMAR ALEXANDER | | Oppose | | President Senate State: TN |
| Calendar Year-To-Date Per Election for Office Sought | | 230050.00 | Disbu 2014 | rrsement For: |
| ull Name of Payee Jamestown Associates | | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5 Mapleton Rd | | | | Amount |
| Dity | State | Zip Code | | 9870.00 |
| Princeton | NJ | 08540 | | Transaction ID : SE.4229 Date of Disbursement or Obligation |
| Purpose of Expenditure Media Expense | | Category/ Type | | 07 24 7 2014 |
| lame of Federal Candidate | | Support | Office | e Sought: House District: 00 |
| AMAR ALEXANDER | | Oppose | | President Senate State: TN |
| Calendar Year-To-Date Per Election for Office Sought | | 239920.00 | Disbu 2014 | ursement For: X Primary General Other (specify) ▶ |
| SUBTOTAL of Itemized Independent Expe | enditures | | ▶ | 139920.00 |
| SUBTOTAL of Unitemized Independent Ex | xpenditures | | ··· • | |
| TOTAL Independent Expenditures | | | ▶ | |

Michael Leisey [Electronically Filed] 15 2014 10 Date Signature

Michael Leisey

Signature

| | CHEDULE E (FEC Form 3) | | | | | |
|----|---|-----------------------------|-------------------|----------------------|--------------------------------------|-----------------------------|
| Т | EMIZED INDEPENDENT EXPEND | DITURES | | | 1 | 18 OF 21 E 24 OF FORM 3X |
| | AME OF COMMITTEE (In Full) | | | | FEC IDENTIFICA | ATION NUMBER ▼ |
| (| Citizens 4 Ethics in Governme | ent | | | C C0052408 | 2 |
| Cl | heck if 24-hour report 48-hour | report New repo | ort Amends repo | | M / D D | / Y = Y = Y |
| | Full Name of Payee | | | Date o | of Public Distribut | ion/Dissemination |
| | Jamestown Associates | | | | 07 / D D D 25 | 2014 |
| | Mailing Address 5 Mapleton Rd | | | Amour | nt | |
| | City | State | Zip Code | — I | | 10000.00 |
| | Princeton | NJ | 08540 | | ction ID : SE.419 | 8 |
| | Purpose of Expenditure Media Expense | | Category/ Type | M | 07 / 25 | 2014 |
| | Name of Federal Candidate | | Support | Office Sought | t: House | District: 00 |
| | JOE S CARR | | Oppose | Preside | | State: TN |
| | Calendar Year-To-Date Per Election for Office Sought | | 284920.00 | Disbursement 2014 Ot | t For: | ary General |
| | Full Name of Payee | | | | | tion/Dissemination |
| | Jamestown Associates | | | М | 07 | / Y Y Y Y Y Y 2014 |
| | Mailing Address 5 Mapleton Rd | | | Amou | nt | 1 |
| | City | State | Zip Code | — I | | 11040.00 |
| | Princeton | NJ | 08540 | | ction ID : SE.420 of Disbursement | |
| | Purpose of Expenditure Media Expense | | Category/ Type | M | 07 / 25 | 2014 |
| | Name of Federal Candidate | | Support | Office Sough | it: House | District: 00 |
| | LAMAR ALEXANDER | | Oppose | Preside | | TNI |
| | Calendar Year-To-Date Per Election for Office Sought | | 295960.00 | Disbursement 2014 | t For: | nary General |
| | | , , | | | ther (specify) | |
| | (a) SUBTOTAL of Itemized Independent | Expenditures | | . • | | 21040.00 |
| | (b) SUBTOTAL of Unitemized Independe | nt Expenditures | | · • | | |
| | (c) TOTAL Independent Expenditures | | | • | | - |
| | Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm | any candidate or authorized | | | | |

[Electronically Filed]

2014

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Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| TEMIZED INDEPENDENT EXPENDITU | RES | | | PAGE 19 OF 21 FOR LINE 24 OF FORM 3X | |
|---|------------------------|---------------------|--------------------|---|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ | |
| Citizens 4 Ethics in Government | | | | | |
| Check if 24-hour report 48-hour repor | rt New rep | port Amends repo | | M = M / D = D / Y = Y = Y | |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination | |
| Jamestown Associates | | | | 08 04 2014 | |
| Mailing Address 5 Mapleton Rd | | | Amou | unt | |
| City | State | Zip Code | - | 144407.00 | |
| Princeton | NJ | 08540 | | action ID : SE.4260 of Disbursement or Obligation | |
| Purpose of Expenditure Media-TV | | Category/ Type | | 08 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 | |
| JOE S CARR | | Oppose | Presid | | |
| Calendar Year-To-Date Per Election for Office Sought | | 440367.00 | Disbursemer 2014 | nt For: X Primary General | |
| , L | | | | Other (specify) - | |
| Full Name of Payee Jamestown Associates | | | | of Public Distribution/Dissemination OR 04 2014 | |
| Mailing Address 5 Mapleton Rd | | | Amor | | |
| | Ctoto | 7:- 0040 | | 124967.00 | |
| City Princeton | State NJ | Zip Code 08540 | | action ID : SE.4264 of Disbursement or Obligation | |
| Purpose of Expenditure Media Expense | | Category/ Type | | 08 / 04 / 2014 | |
| Name of Federal Candidate | | X Support | Office Soug | ht: House District: 00 | |
| JOE S CARR | | Oppose | Presid | dent State: TN | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 565334.00 | Disburseme 2014 | ent For: | |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | • [| 269374.00 | |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | · • [| 7 | |
| (c) TOTAL Independent Expenditures | | | · - | 7 7 7 | |
| Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee | andidate or authorized | | | | |
| Michael Leisey | [Electron | nically Filed] Date | 10 / | 15 / 2014 | |
| Signature | | _ Date | | | |

Michael Leisey

Signature

| | CHEDULE E (FEC Form 3) | | | | _ | | | |
|----|---|----------------------------|-------------------|------------------|---------------------------|------------------------|------------|-------------|
| TI | EMIZED INDEPENDENT EXPEND | ITURES | | | | PAGE 20 FOR LINE 24 | O . | 21 RM 3X |
| N | AME OF COMMITTEE (In Full) | | | | | NTIFICATIO | | |
| (| Citizens 4 Ethics in Governme | nt | | | | 00524082 | | |
| CI | heck if 24-hour report 48-hour r | report New rep | ort Amends repo | ort filed on | / | D D / | Y = Y = Y | Y |
| | Full Name of Payee | | | Date | of Public [| Distribution/[| Dissemina | tion |
| | Jamestown Associates | | | | 08 / | 06 | 2014 | |
| | Mailing Address 5 Mapleton Rd | | | Amou | ınt | | | |
| | City | State | Zip Code | $-\Gamma$ | | | 48300. | 00 |
| | Princeton | NJ | 08540 | | oction ID : | SE.4275 sement or O | bligation | |
| | Purpose of Expenditure Media Expense | | Category/ Type | | 08 | 06 | 2014 | |
| | Name of Federal Candidate | | X Support | Office Sough | nt: | House [| District: | 00 |
| | JOE S CARR | | Oppose | Presid | ent X | Senate | State: | TN |
| | Calendar Year-To-Date Per Election for Office Sought | | 640115.69 | Disbursemer 2014 | nt For: | Primary | Ge | eneral |
| | Full Name of Payee | | | Date | of Public | Distribution/[| Dissemina | tion |
| | Jamestown Associates | | | | 08 / | 06 | 2014 | |
| | Mailing Address 5 Mapleton Rd | | | Amou | ınt | | | |
| | City | State | Zip Code | | | | 25000. | 00 |
| | Princeton | NJ | 08540 | | action ID : of Disburs | SE.4277 sement or O | bligation | |
| | Purpose of Expenditure Media Expense | | Category/ Type | | 08 | 06 | 201 | |
| | Name of Federal Candidate | | Support | Office Sough | nt: | House [| District: | 00 |
| | LAMAR ALEXANDER | | Oppose | Presid | lent X | Senate | State: | TN |
| | Calendar Year-To-Date Per Election for Office Sought | 7 7 7 | 665115.69 | Disbursemer 2014 | nt For: | Primary | Ge | eneral |
| | (a) SUBTOTAL of Itemized Independent I | Expenditures | | | | - | 73300.00 | |
| | (b) SUBTOTAL of Unitemized Independen | nt Expenditures | | ·· • | | | | |
| | (c) TOTAL Independent Expenditures | | | · • | -7 | - | | |
| | Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm | ny candidate or authorized | • | | | • | | |

[Electronically Filed]

2014

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Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| PAGE 21 OF 21 FOR LINE 24 OF FORM 3X |
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| FEC IDENTIFICATION NUMBER ▼ |
| C C00524082 |
| M = M / D = D / Y = Y = Y |
| e of Public Distribution/Dissemination |
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| punt |
| 11781.69 |
| saction ID : SE.4266 e of Disbursement or Obligation |
| 08 / 04 / 2014 |
| ght: House District: 00 |
| dent X Senate State: TN |
| ent For: X Primary General |
| Other (specify) |
| e of Public Distribution/Dissemination |
| M M / D D / Y Y Y Y |
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| ount |
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| e of Disbursement or Obligation |
| M = M / D = D / Y = Y = Y |
| |
| ght: House District: |
| ident Senate State: |
| ent For: Primary General |
| Other (specify) |
| |
| 11781.69 |
| |
| |

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government Check if 24-hour report Amends report filed on 48-hour report New report Full Name of Payee Date Right Way Marketing Mailing Address 354 Shadowtown Rd. Amo Suite 205 City State Zip Code TN Blountville 37617 Trans Date Purpose of Expenditure Category/ Media-TV Type Name of Federal Candidate X Support Office Soud SCOTT EUGENE DESJARLAIS Oppose Presi Disburseme Calendar Year-To-Date 2014 577115.69 Per Election for Office Sought Full Name of Payee Date Mailing Address Amo City State Zip Code Date Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sough Oppose Presi Disburseme Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 665115.69 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Michael Leisey [Electronically Filed] 15 2014 10 Date Signature